

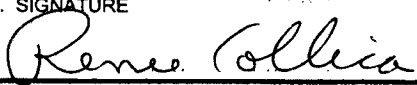


<b>REQUEST FOR DEVIATION/WAIVER (RFD/RFW)</b>				<b>1. DATE (YYYYMMDD)</b> 20070430		Form Approved OMB No. 0704-0188	
<p>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.</p>						<b>2. PROCURING ACTIVITY NUMBER</b>	
						<b>3. DODAAC</b>	
<b>4. ORIGINATOR</b>		<b>b. ADDRESS (Street, City, State, Zip Code)</b>				<b>5. (X one)</b>	
a. TYPED NAME (First, Middle Initial, Last) Lalit Kumar		East Coast Products Inc. Windsor Industrial Park, 92 North Main St. Bldg 18C, Windsor, NJ-08561-0507				<input type="checkbox"/> DEVIATION <input checked="" type="checkbox"/> WAIVER <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL	
<b>7. DESIGNATION FOR DEVIATION/WAIVER</b>				<b>8. BASELINE AFFECTED</b>		<b>9. OTHER SYSTEM/CONFIGURATION ITEMS AFFECTED</b>	
a. MODEL/TYPE	b. CAGE CODE	c. SYS. DESIG.	d. DEV. WAIVER NO.	<input checked="" type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> ALLOCATED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMIQ5				X PRODUCT			
<b>10. TITLE OF DEVIATION/WAIVER</b>							
Waiver on O Ring-P/n 12363606 FAT Under Contract no. W56HZV-06-C-0507 NSN# 2530-01-303-0801							
<b>11. CONTRACT NO. AND LINE ITEM</b>				<b>12. PROCURING CONTRACTING OFFICER</b>			
W56HZV-06-C-0507, 0001AB				a. NAME (First, Middle Initial, Last) John Denys			
				b. CODE W56HZV c. TELEPHONE NO. 586-574-6580			
<b>13. CONFIGURATION ITEM NOMENCLATURE</b>				<b>14. CLASSIFICATION OF DEFECT</b>			
Wheel, Pneumatic Tire				a. CD NO. b. DEFECT NO. c. DEFECT CLASSIFICATION			
				<input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL			
<b>15. NAME OF LOWEST PART/ASSEMBLY AFFECTED</b>				<b>16. PART NO. OR TYPE DESIGNATION</b>			
O ring				P/n 12363606			
<b>17. EFFECTIVITY</b>				<b>18. RECURRING DEVIATION/WAIVER</b>			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>19. EFFECT ON COST/PRICE</b>				<b>20. EFFECT ON DELIVERY SCHEDULE</b>			
None				None			
<b>21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE</b>							
None							
<b>22. DESCRIPTION OF DEVIATION/WAIVER</b>							
To allow to use performance test requirement ASTM D2000 M3BA514A14B13C12F17Z on O ring instead of current requirement i.e. performance test requirement ASTM D2000 M3BA514A14B13C12F17Z. In other words, allow us to use low temperature brittleness and compression tests for -50 C, instead of -55C.							
<b>23. NEED FOR DEVIATION/WAIVER</b>							
The current material specified would not meet -55 low temperature brittleness and compression test.							
<b>24. CORRECTIVE ACTION TAKEN</b>							
An engineering change request would be submitted by MFR.							
<b>25. SUBMITTING ACTIVITY</b>							
a. TYPED NAME (First, Middle Initial, Last)		b. TITLE		c. SIGNATURE			
Lalit Kumar		President					
<b>26. APPROVAL/DISAPPROVAL</b>		a. RECOMMEND		APPROVAL		DISAPPROVAL	
b. APPROVAL		c. GOVERNMENT ACTIVITY					
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		AMSTA - TAR - E - TACT					
d. TYPED NAME (First, Middle Initial, Last)		e. SIGNATURE				f. DATE SIGNED (YYYYMMDD)	
John L. Deja						20070507	
g. APPROVAL		h. GOVERNMENT ACTIVITY					
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		AMSTA - AQ - ATAF, Tacom					
i. TYPED NAME (First, Middle Initial, Last)		j. SIGNATURE				k. DATE SIGNED (YYYYMMDD)	
Renee M. Collica						2007MAY08	